

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006573

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 829

FILED FEB 26 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

374rs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

128 No. Lawndale

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

mo

b. COUNTY

Jackson

c. CITY
OR TOWN

Kansas City

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

128 No. Lawndale

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

ANNA

Middle

MAE

Last

GOTT

4. DATE
OF DEATH

Month

2

Day

7

Year

1963

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

10/10/1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Davis Co., Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Taylor Martin

13b. MOTHER'S MAIDEN NAME

Carrie Lent

14. NAME OF HUSBAND OR WIFE

Frank S. Gott

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

51 75 Gott 128 No. Lawndale

17. INFORMANT

K.C., Mo

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

few min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertensive - arteriosclerotic

cardio vascular

disorder unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Acute cystitis - Septic pharyngitis - Old cerebral vascular

accident

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home;
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9/54

to

2/63

and last saw her

alive on 2/6/63

Death occurred at home - 230 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

P.A. Kienberger MD

22b. ADDRESS

5246 St. John KCMo

22c. DATE SIGNED

2/7/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

2/9/1963

23c. NAME OF CEMETERY OR CREMATORY

Masonic Cemetery, Jamesport, Mo

23d. LOCATION (City, town, or county)

Jamesport, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

C.H. Blackburn & Son

25. DATE RECD. BY LOCAL REG.

2-7-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

P.A. Kienberger, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Robert B. Baird

Licensed Embalmer No. 4888

P. O. Address LC 24, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.